

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19641**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4086** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TINA,		c. LENGTH OF STAY (in this place) 50 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina,		0170
d. FULL NAME OF HOSPITAL OR INSTITUTION Home NW Part Tina, Mo.			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) SEWELL c. (Last) SNIDER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 7th, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9th, 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 9 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto & Ebgine	11. BIRTHPLACE (State or foreign country) Carroll County		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ira Snider,		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Sewell		14. NAME OF HUSBAND OR WIFE Alice Snider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-01-8800	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alice Snider Tina, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma - Stomach, Sm Intestine		ANTECEDENT CAUSES		9 mos.	
DUE TO (b) Metastasis To Left Lung		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		6 wks.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10/21/50	19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma - Stomach, Small Intestine		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/21**, 19**50**, to **6/7**, 19**51**, that I last saw the deceased alive on **6/7**, 19**51**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Maibach (Degree or title)		23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED 6/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/10/1951	24c. NAME OF CEMETERY OR CREMATORY Vanhorn	24d. LOCATION (City, town, or county) (State) Tina, Missouri
DATE REC'D BY LOCAL REG. 6/14/1951	REGISTRAR'S SIGNATURE Mrs Rex Henderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin Tina, Mo.	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Clifford W. Austin

Licensed Embalmer No. #0233

P. O. Address Tina, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.